## NOTICE OF ACTION CD-7617 (Rev. 09/02)

1. Type of Notice of Action (Complete Either 1A or 1B)  A. Application for Services  □ Services Approved  □ Services Denied  □ Services Denied				B. Recipient of Services  Change in Service  Termination In Service			Effective Date of Action				
Services Denied Notice of Delinquent Fees											
2. Distribution of Notice Date Notice Given or Mailed											
☐ Given to Parent Parent's Initials	Mailed:										
	— ☐ First Class w/Certificate of Mailing Tracking No										
3. Parent/Caretaker Information											
Parent/Caretaker A Address											
Parent/Caretaker B			City			Zip	Telephone				
4. Approved Child Care Services (Co	omplete all info	ormation fo	r each ch	ild approve							
Name(s) of Child(ren) Receiving Services	Program Code	-	Enter Approved Hours of Enrollment								
	Code	School	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.		
		Vacation									
		School Vacation									
		School									
		Vacation									
		School Vacation									
Family Fee: Hourly \$ Part-	-time Daily \$	Fu	ull-time \$		Estimate	ed Recertific	ation Date				
5. Basis for Family Eligibility for Services			6. Basis for Family Need for Services								
☐ Recipient of Child Protective Services				(This section does not apply to State Preschool Programs [GPRE])  Recipient of Child Protective Services							
☐ Current Aid Recipient			☐ Child(ren) with Medical or Psychiatric Special Need								
☐ Child(ren) Identified as or At Risk of Being Abused, Neglected, or Exploited			☐ Child(ren) Identified as or At Risk of Being Abused, Neglected, or Exploited								
Income Eligible (Reference Family Fee Schedule or Income Ceiling for Admission to State Preschool Programs.)			☐ Seeking Permanent Housing								
			☐ Engaged in Vocational Training/Education								
			☐ Employed or Seeking Employment								
Homeless			☐ Incapacitated Parent(s)								
7. Reason for Action: State the spec	cific reason s	ervices we	re denie	d, change	ed, or termi	nated.					
8. Agency Name											
	_										
9. Name/Title of Agency Represent	ative										
10. Signature of Agency Representa	tive —										

## **NOTICE OF ACTION**

CD-7617 (Rev. 03/02) (REVERSE)

Appeal Information: If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed below. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned.

Name of Parent/Caretaker				Telephone No.				
Address			City		Zip			
In this sec	ction, please explain why you dis	agree with the agency's action.						
01 1 5		lo:						
the Local	ox if an Interpreter is Needed at Hearing:	Signature of Person Requesting	g a Locai Hea	aring	Date			
STEP 2:	Mail or deliver your local hearing	g request within 14 days of receip	ot of this notic	ce to:				
	This section must be com	pleted by the Agency before	e the Notic	e is served				
	A. Agency Name							
	B. Agency Address							
	C. City/State/Zip							
	D. Name of Agency Contact							
	E. Agency Telephone Number	er						
STEP 3:		ollowing the agency's receipt of u or your authorized represents hearing, your rights to an appea	ative are red	quired to attend the	hearing. If you or you			
STEP 4:	Within ten (10) calendar days following the hearing, the agency shall mail or delivery to you a written decision.							
STEP 5:	If you disagree with the writte to file an appeal with the Ch	n decision of the agency, you nild Development Division (CE	have 14 day	ys from your receipt appeal to CDD mus	of the written decisio tinclude the followin			

California Department of Education Child Development Division 1430 N Street, Suite 6308 Sacramento, CA 95814 Attn: Appeals Coordinator

the following address:

**STEP 6:** Within 30 calendar days after the receipt of your appeal, CDD will issue a written decision to you and the agency. *If your appeal is denied, the agency will stop providing child care and development services immediately upon receipt of CDD's decision letter.* 

documents and information: (1) a written statement specifying the reasons you believe the agency's decision was incorrect, (2) a copy of the agency's decision letter, and (3) a copy of both sides of this notice. Mail your appeal to